

Cambridge Youth Programs Afterschool and Summer Program Application Packet <u>Youth Information</u>

Last Name	First Name		Date of Birth	Age
			@	
Home Address	City, Zip Cod	e	Email Address	
Eye Color Hair Color Skin Color	Height -	Weight	Identifying	Marks
Racial/Ethnic Background:				
🗆 American Indian 🗆 Asian 🗀 Blac	ck 🗌 Hispanic/La	tino 🗌 Wł	nite $\;\square$ Other: $___$	
Gender: \square Male \square Female Primar	ry Language Spoke	n at Home:		
Afterschool Session One: Tu- Afterschool Session Two:		, 2012 – Frid	ay, January 11, 2013	
(Free		0.00 per sessio \$50 per sessio 8 th - FREE! e to "Camb	ⁿ⁾ ridge Youth Progra	
<u>Pare</u>	ent/Guardian I	nformatio	1	
Parent/Guardian #1 Name			Parent/Guardian #2	Name
Relation to Child		Relation to Child		
Home Address		Home Address		
Home Telephone Number		Home Telephone Number		umber
Cell Phone Number		Cell Phone Number		 er
@ .		@ .		_
E-Mail Address		E-Mail Address		
Work Telephone #			Work Telephone a	 #
School Info	ormation (as of	Septembe	er 2012)	
Name of School:	Grade:	_ Teacher's	s Name:	
I certify that documentation of physic				
health requirements, and lead poisonin at my child's school. <i>Parent/Guardia</i>		ordance with -	n public health requi	rements are on file
Parent/Guardian Sign	nature		Date	Page 1

For Office Use Only

Original Date of Admission into Program:

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		-	ow Street (617) 34	•	
		-	idge Avenue (617)		
_	,_	•	ron Avenue (617)		
day that he/sh	e is scheduled, a	staff person w	ill call you. If yo	ou know in adva	s not show up on a nce that your child chool hours are 2:00
	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival				•	•
Time:					
Departure					
Time:					
			an and Authoriz		
Unsuperv Supervise School Bu Parent/Gu Other (D	d Walk (who: is Drop Off Jardian Drop Off escribe:	(up my child fror	Unsup Super Parent Other The program. If	vised Walk (who: _ t/Guardian Pick Up (Describe:)
	ia, i wili flotily sta	_		nship:	
2. Name:			Relatio	nship:	
Address:			Ph	one Number:	
3. Name:			Relatio	nship:	
Address:			Ph	one Number:	
understand that career awarene	the activities may ss, violence preve do not give	y include team sp ntion, alcohol/dru Media e permission to th	orts, field trips, and grading abuse, and other Release	d workshops on var r issues pertinent to be and the Cambrid	civities and trips. In arious topics such as to pre-adolescents.
_I	Parent/Guardia	1 Signature		Date	

First Aid and Emergency Medical Care Consent

Child's Name	 Date	e of Birth
I authorize Cambridge Youth Programs staff whomy child First Aid/CPR when appropriate. I alsunscreen.		
I understand that every effort will be made to content attention for my child. However, if I cannot be child to the nearest medical care facility and/or to secure necessary medical treatment for my child.	reached, I hereby authorize the proto	ogram to transport my
Instructions to reach parent/guardian:		
1	home phone:	
Name		
	•	
2		
Name		
	cell phone:	
Child's Pediatrician or Source of Health Car	e:	
	phone:	
Name and Address	,	
Child's Allergies:		
Symptoms of Allergic Reaction:		
Chronic Health Conditions/Medications:		
(Please Note: If your child is on <i>any</i> medication must have a signed Medication Consent form on signatures of the parent/guardian <i>and</i> the prescr	file for your child. The consent form	-
Health Insurance Company:	Policy #:	
Emergency Contacts (in order to be contact	-	
1. Name:	address:	-
Relationship to child:		
Do you give permission for your child to be re		
2. Name:		
Relationship to child:	•	
Do you give permission for your child to be re	eased to this person? yes	110
3. Name:	address:	
Relationship to child:	phone:	
Do you give permission for your child to be re	eased to this person? yes	no
Parent/Guardian Signature		 • Ite Page :

Off-Site Activities Permission Form

Child's Name	Date of Birth
I,(Parent/Guardian's Name)	, give permission for my child to participate
in all of the regularly scheduled on-going activiti	ies located at the following off-site facilities:
Area IV Youth Center, Frisoli Youth Center, G	Cately Youth Center, Moore Youth Center,
Russell Youth Center, Boys & Girls Club, YMCA,	Cambridge Community
Center, parks, playgrounds and other destination	ons within a one mile radius of the "home"
Youth Center	
The program will provide in writing a list of sche	eduled activities.
Parent/Guardian Signature	Date

Family Information Questionnaire

This form provides staff with a brief picture of your child and his/her family. The following information is strictly confidential and will only be used to help CYP staff understand and learn about your child. Any further information you feel might help the staff members make your child more comfortable at the program can be added on a separate sheet.

1. Can your child speak and	understand English?			
 How many children are in 	_			
Name: Gender: Date of Birth:				
Name:				
Name:				
Name:	Gender:	_ Date of Birth:		
3. Others in family who live i	n the same house:			
Name:	Gender:	Relationship:		
Name:	Gender:	Relationship:		
4. What do you hope your ch	nild gains from this progran	n?		
5. With which agencies, serv	ices or partners do you wo	rk to support your child's development	?	
Moving? Accident or injury to 8. How does your child usua	your child or other family lly respond to a new experi	outine during the past year? A new bamember?ience? Shy? Assertive? Please described when he/she is upset?	<u>,</u>	
		oys/games/songs/activities?		
11. What activities does you	child seem to like least ?			
12. Are there any special die	tary concerns and/or restri	ctions (e.g. foods not allowed, etc.)?		
	of your child's physical and	/or emotional development would you	like our staff	
Additional comments:				
Parent/Guar	dian Signature	Date	Page 5	



CAMBRIDGE YOUTH PROGRAMS HOMEWORK POLICY



(for school year programs)

The mission of the Cambridge Youth Programs is to offer diverse, high quality programs that promote leadership and youth development through enrichment activities, unique experiences, and opportunities to develop relationships with adults and peers. Our programs enable Cambridge youth to thrive and feel a sense of belonging, resulting in young adults who are ready for future employment, higher education, citizenship and adult life.

An essential component of our programs is homework assistance. Each of our afterschool programs offer daily homework assistance. Youth work on their homework in a separate space from other activities, while CYP staff is on hand to offer assistance. While we try our best to ensure youth complete their homework as assigned, the success of our homework room depends on solid communication between CYP staff, youth, parents and teachers. Please review the following policy so that we can work together to help our children achieve academic success:

CYP commits to:

- * Communicate with families and teachers about youth's homework assignments and progress
- * Provide alternate academic materials for youth who do not have homework or finish his/her homework before the allotted homework time ends
- * Offer guidance when youth are "stuck"
- * Help youth stay focused and on task
- * Encourage good work habits
- * Remove disruptive influences

CYP expectations of youth:

- * Come prepared with homework and assignments
- * Be honest about homework assignments
- * Be considerate by working quietly
- * Only ask for help after trying to complete work on his/her own

61 Willow Street

(617) 349-6312

(617) 349-6262

CYP cannot commit to:

- * Providing one-on-one tutoring
- * Forcing youth to do their work
- * Grading or correcting homework assignments
- * Disciplining youth for not completing work to family's or teacher's satisfaction
- * Ensuring youth complete homework daily

CYP expectations of parents/guardians:

- * Communicate with CYP about youth's homework and progress in school
- * Support CYP staff and policies

12 Gilmore Street

(617) 349-6273

- * Encourage your child to display considerate, cooperative
- * Review and discuss homework with your child

We understand that families are busy and quite often youth need to complete their homework while in afterschool. When possible, programs will provide additional homework time during activities so that students can continue to work on their homework, with the assistance of an adult. See your home Youth Center for additional, more specific homework information.

Finally, CYP is constantly working to provide professional development to our staff to ensure they are best able to support our youth in our homework centers. We work with many partners, including the Cambridge Public School District.

I have read and understand CYP's Homework Policy:					
Printed name of guardian Printed name of child		Signature	Date Date		
		Signature			
I have comments/qu	uestions/suggestions/co	oncerns:			
Area IV Youth Center 243 Harvard Street	Frisoli Youth Center 61 Willow Street	Gately Youth Center 70R Rindge Avenue	Moore Youth Center	Russell Youth Center 680 Huron Avenue	

70R Rindge Avenue

(617) 349-6277

680 Huron Avenue

(617) 349-6314



City of Cambridge Department of Human Service Programs Information Release Form

(PRINT Child's Name)		(Name of School)	
Please circle one:	NEW STUDENT	RETURNING STUDENT	г
I am applying for: (P	lease check all your program	choice(s).)	
Youth Centers	Community Schools (CS)	Afterschool Childcare	Preschool Childcare
□ Area IV □ Frisoli □ Gately □ Russell □ Moore	□ Amigos CS □ Cambridgeport CS □ Fitzgerald CS □ Fletcher Maynard CS □ Haggerty CS □ Harrington CS □ Kennedy CS □ King CS □ Linnaean CS □ Morse CS □ Tobin CS	☐ Morse 3-5	□ East Cambridge □ Haggerty □ King Open □ M. L. King □ Morse □ Peabody Recreation □ Camp Rainbow □ The Cambridge Prgm □ War Memorial Prgms
school day classroom psychological and/or providers and other out of school time (C Parent/Guardian I	ne Department of Human Ser n or program and to discuss of other needs with his/her te caregivers for the purpose of OST) and preschool programs Name (Please Print):	my child's educational, physic achers, specialists, therapists f evaluating his/her particip s.	cal, medical, s, medical ation in DHSP's
	PERMISSION TO OBTAI (IEP, 504 Plan, b		
Individualized Educa DHSP will not disclos consent, except as D	ny child's school/program to nation Program (IEP), Behavior the the content of any such re HSP may be required by law g my child's participation in I	al Intervention Plan and/or Scords to any other party with to do so. All records will be	Section 504 Plan. nout my written used for the
Parent/Guardian S	Signature:	Date:	Revised 1/2012